

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**345.00**

Complete if Known

Application Number	
Filing Date	September 6, 2000
First Named Inventor	Jean-Francois MOYERSON
Examiner Name	
Group / Art Unit	
Attorney Docket No.	204,797

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **01-0035**

Deposit Account Name **ABELMAN, FRAYNE & SCHWAB**

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE				
Large Entity	Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description		Fee Paid
101 760	201 380	Utility filing fee		345.00
106 310	206 155	Design filing fee		
107 480	207 240	Plant filing fee		
108 760	208 380	Reissue filing fee		
114 150	214 75	Provisional filing fee		
SUBTOTAL (1)				(\$) 345.00

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee Description		
103 18	203 9	Claims in excess of 20		
102 78	202 39	Independent claims in excess of 3		
104 260	204 130	Multiple dependent claim, if not paid		
109 78	209 39	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES				
Large Entity	Small Entity			
Fee Code (\$)	Fee Code (\$)	Fee Description		Fee Paid
105 130	205 65	Surcharge - late filing fee or oath		
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.		
139 130	139 130	Non-English specification		
147 2,520	147 2,520	For filing a request for reexamination		
112 920*	112 920*	Requesting publication of SIR prior to Examiner action		
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action		
115 110	215 55	Extension for reply within first month		
116 380	216 190	Extension for reply within second month		
117 870	217 435	Extension for reply within third month		
118 1,360	218 680	Extension for reply within fourth month		
128 1,850	228 925	Extension for reply within fifth month		
119 300	219 150	Notice of Appeal		
120 300	220 150	Filing a brief in support of an appeal		
121 260	221 130	Request for oral hearing		
138 1,510	138 1,510	Petition to institute a public use proceeding		
140 110	240 55	Petition to revive - unavoidable		
141 1,210	241 605	Petition to revive - unintentional		
142 1,210	242 605	Utility issue fee (or reissue)		
143 430	243 215	Design issue fee		
144 580	244 290	Plant issue fee		
122 130	122 130	Petitions to the Commissioner		
123 50	123 50	Petitions related to provisional applications		
126 240	126 240	Submission of Information Disclosure Stmt		
581 40	581 40	Recording each patent assignment per property (times number of properties)		
146 760	246 380	Filing a submission after final rejection (37 CFR § 1.129(a))		
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))		
Other fee (specify)				
Other fee (specify)				
* Reduced by Basic Filing Fee Paid				
SUBTOTAL (3)				(\$)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael T. Markowitz	Registration No. (Attorney/Agent)	30,659
Signature		Telephone	(212) 949-9022
		Date	Sep. 6, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09/06/00
Jc912 U.S. PTO

09-07-00

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Please type a plus sign (+) inside this box → ☐

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	204,797
	First Inventor or Application Identifier	Jean-Francois MOYERSON
	Title	METHOD OF OFFERING FREE PRODUCTS OR SERVICES OVER THE INTERNET
	Express Mail Label No.	EJ620981207US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 17] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 13]	ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none">7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney9. <input type="checkbox"/> English Translation Document (if applicable)10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations11. <input type="checkbox"/> Preliminary Amendment12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)13. <input type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)15. <input type="checkbox"/> Other:
4. Oath or Declaration unsigned [Total Pages 2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	ABELMAN FRAYNE & SCHWAB Attorneys at Law				
Address	150 East 42nd Street New York, NY 10017				
City	State	Zip Code			
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Name (Print/Type)	Michael I. Markowitz	Registration No. (Attorney/Agent)	30,659
Signature	<i>[Signature]</i>	Date	Sep. 6, 2000

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